


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90217 027 \*\*\*150.00

**DOCUMENT # V17851**

1. Entity Name  
**HARBORSIDE INTERNAL MEDICINE, P.A.**



Principal Place of Business  
**610 E. OLYMPIA AVE.  
 SUITE 200  
 PUNTA GORDA, FL 33950 US**

Mailing Address  
**610 E. OLYMPIA AVE.  
 SUITE 200  
 PUNTA GORDA, FL 33950 US**

**14006474**



2. Principal Place of Business  
**522 S. Manion Ave.**

3. Mailing Address  
**522 S. Manion Ave.**

Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State  
**Punta Gorda, FL.**

City & State  
**Punta Gorda, FL.**

Zip  
**33950**

Country  
**US**

Zip  
**33950**

Country  
**US.**

4. FEI Number  
**59-3110731**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JANZ, TIMOTHY A  
 610 E. OLYMPIA AVE, SUITE 200  
 SUITE B  
 PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name  
**Timothy A. JANZ**

Street Address (P.O. Box Number is Not Acceptable)  
**522 S. Manion Ave.**

City  
**Punta Gorda**

FL

Zip Code  
**33950**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **4/25/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JANZ, TIMOTHY A 610 E. OLYMPIA AVE, SUITE 200 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRINSON, MICHAEL K 610 E. OLYMPIA AVENUE STE 200 PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONGIOVANNI, JOSEPHINE 610 E OLYMPIA, STE 200 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>522 S. Manion Ave. Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>522 S. Manion Ave. Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/25/05** (941) 505-6041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #